



Immigrants, Selectivity and Mental Health

Summary of Results

September 2002

Principal Investigators:

Dr. Zheng Wu
Department of Sociology
University of Victoria

Christoph M. Schimmele
Department of Sociology
University of Victoria

Funded Research Disclaimer

The information in this report is provided from a Canadian perspective, for information purposes only. The Canadian Institute for Health Information (CIHI) does not assume any legal liability and makes no representations or warranties concerning the accuracy, completeness, timeliness, reliability or usefulness of the information. You are responsible for independently verifying the truth and accuracy of any information; any reliance on content found in this report will be at your own risk.

The posting of final research reports funded by the Canadian Population Health Initiative ("CPHI") of CIHI is not an endorsement, warranty or guarantee by CPHI of that material and is not indicative of any intention or commitment by CPHI to any particular course of action.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying and recording, or by any information storage and retrieval system now known or to be invented, without the prior permission in writing from the owner of the copyright, except by a reviewer who wishes to quote brief passages in connection with a review written for inclusion in a magazine, newspaper or broadcast.

The information does not constitute medical or any other professional advice or service and is not intended to replace professional medical advice or services. Please see your health care provider if you have questions or concerns about your health.

Canadian Institute for Health Information
377 Dalhousie Street
Suite 200
Ottawa, Ontario
K1N 9N8

Telephone: (613) 241-7860
Fax: (613) 241-8120
www.cihi.ca

ISBN 1-55392-563-7 (PDF)

© 2004 Canadian Institute for Health Information

Immigrants, Selectivity and Mental Health

Summary of Results

September 2002

Principal Investigators:

Dr. Zheng Wu
Department of Sociology
University of Victoria

Christoph M. Schimmele
Department of Sociology
University of Victoria

Funding provided by: Canadian Population Health Initiative

Research Context

The primary goal of this research study was to determine how immigrant status affects mental health where mental health was measured as prevalence of depressive symptoms and the risk of experiencing a major depressive episode (MDE). The study sample was comprised of 37,832 women and 32,706 men between the ages of 18 and 64. Data for the analysis (including self-reported information on depression and distress) came from the 1996–1997 National Population Health Survey (NPHS). The results of this study provide a better understanding of the determinants of health in immigrants to Canada and also provide information as to how mental health may affect the overall physical health of immigrants.

Research Results

Results are organized by each of the four primary research questions examined in this study:

1. *Does the “healthy migrant effect” observed for physical health apply to variance in depression across a large, ethnically diverse immigrant population?*

The authors found that the immigrant population in Canada was at lower risk for a major depressive episode and had fewer depressive symptoms than the non-immigrant population. This health advantage of immigrants remained almost identical after controlling for level of social support, socioeconomic status, ethnicity, or socio-demographics between these populations. This confirms that the *healthy migrant effect* observed for physical health also applies to mental health.

The size of the advantage of the healthy migrant effect on depression was not uniform across immigrant sub-groups. The healthiest immigrant populations by country/region of origin were from China and South Asia. These findings imply that the best mental health profiles are found in recent immigrants from non-traditional source countries.

2. *Are characteristics generally present in those selected for migration (e.g. young, physically healthy) responsible for differences between immigrants and non-immigrants?*

Results showed that the *healthy migrant effect* was associated with a selection effect in the migration process. That is, the tendency to migrate was highest among physically healthy, working-age adults. These selection characteristics were also associated with good mental health. Immigrants, in comparison to non-immigrants, had better mental health profiles because they possessed more characteristics (i.e. protective factors such as being younger, having better physical health, etc.) that prevented or reduced the severity of stressful life experiences.

3. *Does exposure to “social stress” produce different mental health outcomes in immigrants and non-immigrants? Additionally, does the mental health of immigrants erode as their length of residence in Canada increases?*

The authors found that mental health in the immigrant population declined as their length of residence in Canada increased. Reasons for this decline were unclear, however the authors speculated that immigrants encounter social stress related to adaptation into Canadian society, such as structural discrimination and racism.¹

4. *Does variation in the ethnic composition of immigrant versus non-immigrant populations explain the “healthy migrant effect”?*

Results revealed that ethnicity was an important determinant of depression for the immigrant population. Non-European immigrants had better mental health than European immigrants, however ethnicity did not consistently influence depression outcomes or variation between immigrants and non-immigrants.

Author-identified Policy Implications

The authors identified the following knowledge gaps and policy implications:

- Canadian immigration regulations filter out most high-risk candidates for poor health. The evidence from this and other research could be used to increase public awareness that Canadian immigration regulations ensure that the majority of new migrants will be healthy, productive citizens.
- This study’s results indicated that non-European immigrants had better mental health profiles than European immigrants. This suggests that ethno-cultural retention may be an important mental health determinant.
- Immigrants appeared to lose their health advantage over time. This loss indicates that living in Canadian society may be harmful to mental wellness within the immigrant population. Further research in this regard is required.

¹ Motivation is the core difference between racism and structural discrimination. Racism is a deliberate act of maltreatment or exclusion of one group by another group. Structural discrimination refers to the latent but inherent processes of discrimination within a society that function through various socio-cultural norms. Structural discrimination can therefore be termed *unintentional racism* because the consequences of racism and structural discrimination are similar, even though overt racial prejudice or hatred does not motivate structural discrimination.